

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/553067

FILING DATE

20 JAN 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/			
3	2		/			
4	2		/			
5	1		/			
6	1		/			
7	1		/			
8	1		/			
9	1		/			
10	1		/			
11	1		/			
12	/		/			
13	1		/			
14	2		/			
15	2		/			
16	1		/			
17	2		/			
18	1		/			
19.	/		/			
20	1		/			
21	2		/			
22	2		/			
23	1		/			
24	2		/			
25	1		/			
26	/		/			
27	1		/			
28	/		/			
29	1		/			
30	/		/			
31	1		/			
32	2		/			
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47						
48						
49						
50						
TOTAL IND.	9		9			
TOTAL DEP.	32	←	24	←		←
TOTAL CLAIMS	41		33			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						